


MEDICAL MISADMINISTRATION REPORT

DRC-032

11/01

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--------------------|---------------------------------------|---|------------------|---|-------------|--------------------|-------------|---|---|---------------|--|---------------------------|--|---|--|---|--|---|--|--|
| TO:  William J. Sinclair, Director Utah Division of Radiation Control 168 North 1950 West P.O. Box 144850 Salt Lake City, Utah 84114-4850 (801)536-4250 Voice (801)533-4097 FAX | | FROM: (License No., Name, Address, Phone) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">License No.</td> <td style="width: 5%;">U</td> <td style="width: 5%;">T</td> <td style="width: 5%;">-</td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> </table> | | | | | | | | License No. | U | T | - | | | | | | | | | | |
| License No. | U | T | - | | | | | | | | | | | | | | | | | | | | |
| Referring Physician: | | Event date (mm/dd/yy) | | Written Report date (mm/dd/yy) | | | | | | | | | | | | | | | | | | | |
| Phone Report Made | Y | N | Physician Notified | Y | N | Patient Notified | Y | N | Event Record Filed | Y | N | | | | | | | | | | | | |
| Sodium Iodine, I-125 OR I-131, >30 microcuries | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td style="width: 95%;">Wrong patient</td></tr> <tr><td></td><td>Wrong radiopharmaceutical</td></tr> <tr><td></td><td>Administered dose differs from prescribed dose by > 20% and difference exceeds 30 microcuries</td></tr> </table> | | | | | | | | | | | | | Wrong patient | | Wrong radiopharmaceutical | | Administered dose differs from prescribed dose by > 20% and difference exceeds 30 microcuries | | | | | | |
| | Wrong patient | | | | | | | | | | | | | | | | | | | | | | |
| | Wrong radiopharmaceutical | | | | | | | | | | | | | | | | | | | | | | |
| | Administered dose differs from prescribed dose by > 20% and difference exceeds 30 microcuries | | | | | | | | | | | | | | | | | | | | | | |
| Therapeutic radiopharmaceutical dose, other than I-125 OR I-131 | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td style="width: 95%;">Wrong patient</td></tr> <tr><td></td><td>Wrong radiopharmaceutical</td></tr> <tr><td></td><td>Wrong route of administration</td></tr> <tr><td></td><td>Administered dose differs from prescribed dose by > 20%</td></tr> </table> | | | | | | | | | | | | | Wrong patient | | Wrong radiopharmaceutical | | Wrong route of administration | | Administered dose differs from prescribed dose by > 20% | | | | |
| | Wrong patient | | | | | | | | | | | | | | | | | | | | | | |
| | Wrong radiopharmaceutical | | | | | | | | | | | | | | | | | | | | | | |
| | Wrong route of administration | | | | | | | | | | | | | | | | | | | | | | |
| | Administered dose differs from prescribed dose by > 20% | | | | | | | | | | | | | | | | | | | | | | |
| Stereotactic Radiosurgery (Gammaknife) | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td style="width: 95%;">Wrong patient</td></tr> <tr><td></td><td>Wrong treatment site</td></tr> <tr><td></td><td>Administered dose differs from prescribed dose by > 10%</td></tr> </table> | | | | | | | | | | | | | Wrong patient | | Wrong treatment site | | Administered dose differs from prescribed dose by > 10% | | | | | | |
| | Wrong patient | | | | | | | | | | | | | | | | | | | | | | |
| | Wrong treatment site | | | | | | | | | | | | | | | | | | | | | | |
| | Administered dose differs from prescribed dose by > 10% | | | | | | | | | | | | | | | | | | | | | | |
| Teletherapy | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td style="width: 95%;">Wrong patient</td></tr> <tr><td></td><td>Wrong mode of treatment</td></tr> <tr><td></td><td>Wrong treatment site</td></tr> <tr><td></td><td>Administered dose differs from prescribed dose by >10% if there are 3 or fewer fractions prescribed; or when weekly calculated administered dose exceeds prescribed dose by > 30%; or when calculated total administered dose differs from prescribed dose by > 20%</td></tr> </table> | | | | | | | | | | | | | Wrong patient | | Wrong mode of treatment | | Wrong treatment site | | Administered dose differs from prescribed dose by >10% if there are 3 or fewer fractions prescribed; or when weekly calculated administered dose exceeds prescribed dose by > 30%; or when calculated total administered dose differs from prescribed dose by > 20% | | | | |
| | Wrong patient | | | | | | | | | | | | | | | | | | | | | | |
| | Wrong mode of treatment | | | | | | | | | | | | | | | | | | | | | | |
| | Wrong treatment site | | | | | | | | | | | | | | | | | | | | | | |
| | Administered dose differs from prescribed dose by >10% if there are 3 or fewer fractions prescribed; or when weekly calculated administered dose exceeds prescribed dose by > 30%; or when calculated total administered dose differs from prescribed dose by > 20% | | | | | | | | | | | | | | | | | | | | | | |
| Brachytherapy | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td style="width: 95%;">Wrong patient</td></tr> <tr><td></td><td>Wrong radionuclide</td></tr> <tr><td></td><td>Wrong treatment site</td></tr> <tr><td></td><td>Leaking source</td></tr> <tr><td></td><td>One or more sources not removed at end of treatment</td></tr> <tr><td></td><td>Calculated administered dose differs from prescribed dose by > 20%</td></tr> </table> | | | | | | | | | | | | | Wrong patient | | Wrong radionuclide | | Wrong treatment site | | Leaking source | | One or more sources not removed at end of treatment | | Calculated administered dose differs from prescribed dose by > 20% |
| | Wrong patient | | | | | | | | | | | | | | | | | | | | | | |
| | Wrong radionuclide | | | | | | | | | | | | | | | | | | | | | | |
| | Wrong treatment site | | | | | | | | | | | | | | | | | | | | | | |
| | Leaking source | | | | | | | | | | | | | | | | | | | | | | |
| | One or more sources not removed at end of treatment | | | | | | | | | | | | | | | | | | | | | | |
| | Calculated administered dose differs from prescribed dose by > 20% | | | | | | | | | | | | | | | | | | | | | | |
| Diagnostic radiopharmaceutical dose, other than quantities that exceed 30 microcuries of I-125 OR I-131, or both, when the patient dose exceeds 5 rem effective dose equivalent or 50 rem organ dose and involves: | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td style="width: 95%;">Wrong patient</td></tr> <tr><td></td><td>Wrong radiopharmaceutical</td></tr> <tr><td></td><td>Wrong route of administration</td></tr> <tr><td></td><td>Administered dose differs from prescribed dosage</td></tr> </table> | | | | | | | | | | | | | Wrong patient | | Wrong radiopharmaceutical | | Wrong route of administration | | Administered dose differs from prescribed dosage | | | | |
| | Wrong patient | | | | | | | | | | | | | | | | | | | | | | |
| | Wrong radiopharmaceutical | | | | | | | | | | | | | | | | | | | | | | |
| | Wrong route of administration | | | | | | | | | | | | | | | | | | | | | | |
| | Administered dose differs from prescribed dosage | | | | | | | | | | | | | | | | | | | | | | |
| Instructions: Complete the form by identifying the type of medical misadministration you are reporting. Responses for a phone report, physician notification, patient notification, and event record filing may be a yes or no response. On the reverse side of this form, write an abstract of the misadministration. Include a brief description of the event; why the event occurred; the effect on the patient; actions taken to prevent recurrence; whether the patient or the patient's responsible relative or guardian was informed, and if not, why not; and if the patient was notified, what information was provided to the patient. | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | Date | | | | | | | | | | | | | | | |

[illegible]